

# BROADLAWNS MEDICAL CENTER

## Presentation for the Medical Assistance Projections and Assessment Council January 24, 2006

**Mikki Stier, MSHA, FACHE**  
**Senior Vice President, Government and External Relations**



 **Broadlawns Medical Center**  
Caring for Our Community



# Overview of the Presentation

- Review of Broadlawns Medical Center and the IowaCare Program
- Unresolved Issues or Concerns
- Recommendations to the Council



# Broadlawns Medical Center's IowaCare Requirements

- All BMC patients who were part of the BMC Community Care Program and are at the 0-200% of FPL were required to enroll in the IowaCare program.
- All patients who enrolled in the IowaCare program at Broadlawns still require verifications:
  - That they are a U.S. citizen or legal alien
  - That they are residents of Polk County
  - That their income meets the FPL of 0-200% test



# Broadlawns Medical Center's IowaCare Requirements Reasons

- Broadlawns Medical Center's charter states that we are to provide care and services to the residents of Polk County (regardless of ability to pay).
- EMTALA requires us to operate the facility & provide emergency care regardless of residence.
- BMC's Tax Levy is to cover operating costs related to costs of providing medical services to the residents of Polk County.
- BMC's current Tax Levy is inadequate for BMC's current medical services provided to Polk County residents due to increased costs of services and technology.

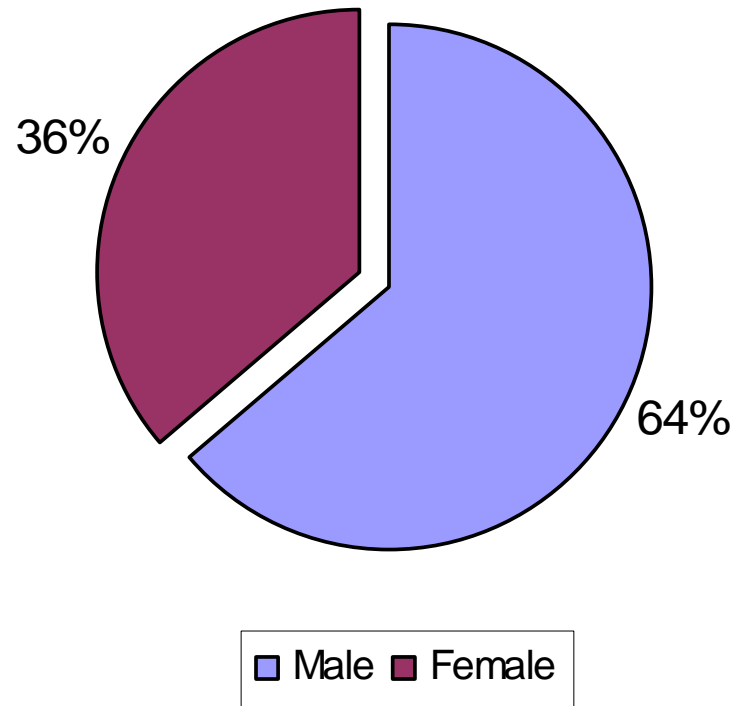


# Broadlawns May Provide Services to Out of County Residents if:

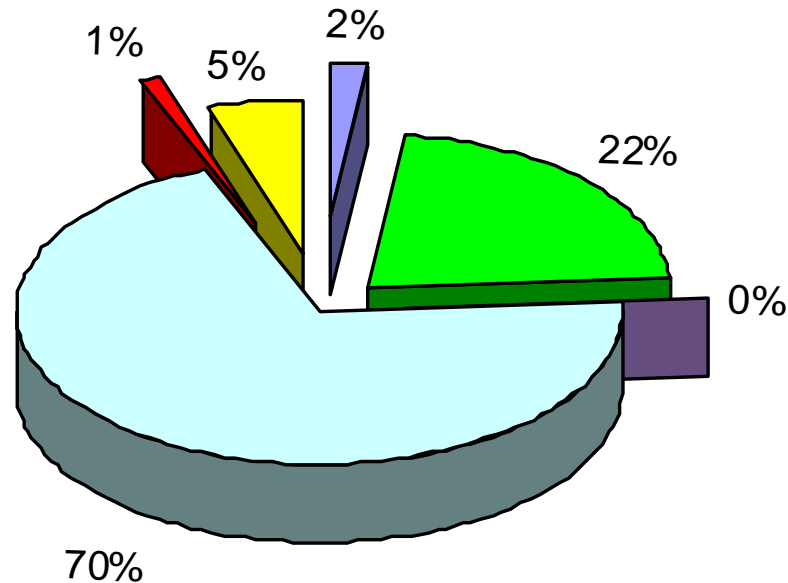
- The Resident has a 3<sup>rd</sup> Party Payor (i.e. Medicare, Medicaid, or other private insurance), or
  - The Resident's County CPC accepts financial responsibility for them or they are Court Order to Broadlawns, or
  - The Resident Accepts full financial responsibility and agrees to pay for their care.
- Note: As in the past if the resident shows up in the BMC Emergency Department, EMATLA requires we treat them.



# IowaCare Pending Accounts by Gender

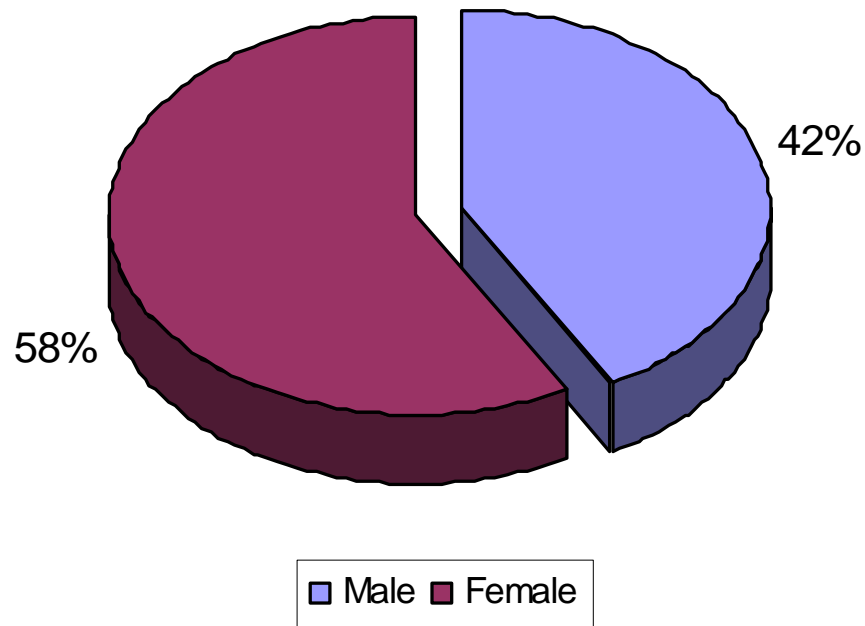


# IowaCare Pending Accounts by Ethnicity



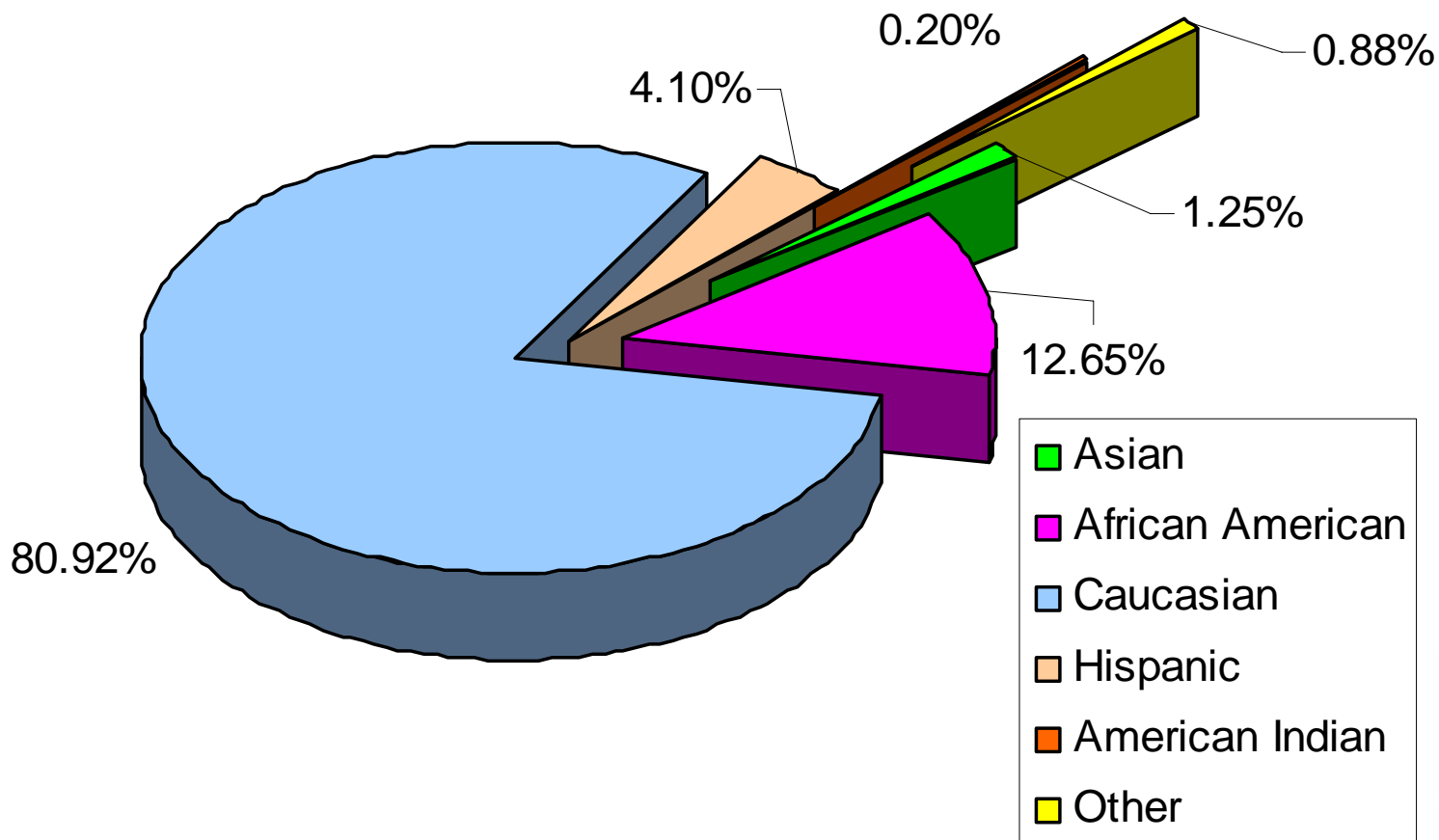
■ Asian      ■ African American      ■ American Indian  
■ Caucasian      ■ Other      ■ Hispanic

# IowaCare Approved Accounts by Gender





# IowaCare Approved Accounts by Ethnicity



# IowaCare Benefits Provided to the Enrollees

- Similar benefits as received by the Medicaid Title 19 patients except Mental Health services and Pharmacy as noted below.
- Any Polk County patients who are enrolled in the IowaCare Program qualify for the BMC Community Care Program, and are provided the same services.
- No Mental Health care services are provided to the IowaCare enrollees through this program, as these Polk County patients are covered through Polk County Mental Health Services.



# IowaCare Premium Issues

- Impact of premiums on the patients we serve:
  - There is a cultural impact for BMC patients. They are use to coming to Broadlawns and receiving their care free under the BMC Community Care Program. They now need to pay a premium for the same care they received free prior to July 1.
  - In the IowaCare program, the patient receives care for the first 90 days without having to pay the premium. The first 90 days ended 9/30/05.
- Broadlawns Medical Center is having to tell these patients that in order to receive non-emergency care, they will need to either pay their IowaCare premiums or pay a portion of their bill based on our sliding scale.
- The patients may have had difficulty finding a way to pay for the premium and may not have realized they could elect the hardship option.



# IowaCare Premium Issues (continued)

- A significant number of our patients do not have checking accounts. The State has not made paying the premiums easy for their clients.
- Many of our patients pay in cash. While self-addressed envelopes may be useful to some, this will not address the cash issue.
- Solutions:
  - DHS office is working on collecting cash at Broadlawns Medical Center. It is still not operational.
  - DHS should consider a drop box for the premium payments so that the patient does not need to mail them.
  - DHS as a standard practice will print the premium invoice if a patient states they have not seen their bill. Our patients will be able to receive the statement at Broadlawns and either pay the premium or declare a hardship.



# IowaCare Premium Issues

## Needing to be Addressed

- The patients who could not pay may not have understood the need to indicate hardship on their bills.
- Is it possible to allow them to have retroactive hardship for this first quarter since many patients did not understand the impact of not paying for the premium?
  - Solution:  
This may need to be a health policy issue that the legislators would need to change.
- This would show the individual citizens and the community that the state is working to ensure the success with this program.



# IowaCare Premium Issues Needing to be Addressed

- Patients who are no longer eligible for the IowaCare program and need Tertiary Care cannot be transferred to the University of Iowa Hospitals and Clinics if they need Specialty Services and Advanced Levels of Care we do not provide. This highlights a critical flaw created by elimination of the state quota system.
- This will be a public relations issue for Broadlawns Medical Center and the State regarding the IowaCare program denying patients tertiary healthcare.



# IowaCare Enrollment Issues

- IowaCare is potentially capped at 14,000 enrollees. As of January 1, 2006, the state had 15,763 enrollees and 6,301 of these are Polk County residents.
- What happens to the residents of Polk County who enroll now that the cap has been reached?
- Once the state reaches the cap for IowaCare, will Broadlawns still be able to enroll these patients in IowaCare if we have not utilized our total Tax Levy?



# IowaCare Disenrollment Issues

- As of January 10, 2006, 826 individuals were disenrolled in IowaCare.
- Broadlawns has received over 100 complaints from our patients because they have been disenrolled. Broadlawns is having to provide their medications in order to prevent an acute episode.





# Other Insights

- The federal match for the State of Iowa is based upon the dollar amount of claims that the State submits.
  - If there are fewer claims due to the disenrollment of patients, the State may be facing a greater budget shortfall.
  - Denials based on services not covered or other edits will reduce the total claim dollars submitted for Federal Match.
- A potential health policy change to the premium issues may assist many eligible patients who are already enrolled to stay enrolled so that we generate the claims needed for the Federal Match.



# IowaCare Claim Data

## July 2005 – December 2005

Billed Charges	Actual Costs	Claims Paid	Claims Denied
<b>\$ 10,113,242</b>	<b>\$8,090,593.60</b>	<b>\$3,633,676.41</b>	<b>\$1,337,043.49</b>

# Broadlawns Medical Center

## Recommendations to the Council

- Prior to any additional components being operationalized there should be collaboration with Broadlawns Medical Center and the University of Iowa Hospitals and Clinics by the Department of Human Services.
- The enrollment process would be more efficient for the patient by adding the requirement that income is verified by the State since they have the necessary data to verify income or give Broadlawns the ability to access this information.
- We need to work with the legislators on health policy changes regarding premiums and transfers to the University of Iowa Hospitals and Clinics.



# Questions?

